Applicant: Dr. Anthony Joseph
Attorney's Docket No.: 1151-002
Serial No.: 08/563,642
Filed: November 28, 1995
For: SYSTEM FOR EVALUATING TREATMENT OF CHEST PAIN PATIENTS

VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS (37 CFR 1.27(A)) - INDIVIDUAL

As a below named inventor, I hereby declare that I qualify as an independent inventor as defined in 37 CFR 1.9(c) for purposes of paying reduced fees under section 41(a) and (b) of Title 35, United States Code, to the Patent and Trademark Office with regard to the invention entitled SYSTEM FOR EVALUATING TREATMENT OF CHEST PAIN PATIENTS by inventor, Dr. Anthony Joseph, described in:

- [] the specification filed herewith.
- [X] application Serial No. 08/563,642 filed November 28, 1995.

I have not assigned, granted, conveyed or licensed and am under no obligation under contract or law to assign, grant, convey or license, any rights in the invention to any person who could not be classified as an independent inventor under 37 CFR 1.9(c) if that person had made the invention, or to any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

Each person, concern or organization to which I have assigned, granted, conveyed, or licensed or am under an obligation under contract or law to assign, grant, convey, or license any rights in the invention is listed below:

*NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27)

| NAME | · | • | |
|----------------|-----------------------|-----------------------|---------|
| ADDRESS | | | |
| []INDIVIDUAL[] | SMALL BUSINESS CONCER | N [] NONPROFIT ORGAN | TZATION |

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate (37 CFR 1.28(b)).

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

| NAME OF PERSON SIGNING <u>Dr. Anthony Joseph</u> | |
|--|-------------|
| ADDRESS OF PERSON SIGNING 5442 Riverside Drive, Dublin, Ohio 43017 | |
| SIGNATURE Anthony Josh M.D. | |
| DATE | |
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| CERTIFICATE OF MAILING BY FIRST CLAS I hereby certify that this correspondence is being deposited with the Uni Postal Service as first class mail in an envelope addressed to Commission Patents and Trademarks, Washington, D.C. 20231 on Macu 8, 1996 | ited States |
| Date of Deposit Lori A Kessen | |
| Typed or printed name of person depositing this mailing | |
| Signature | |